and completely infed in by the funeral carbon-papers. Pages 1 and 2 should nt, within 72 hours after death.

TO HOSPITATION OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we death. Page may be retained by the hospital or attending physician.

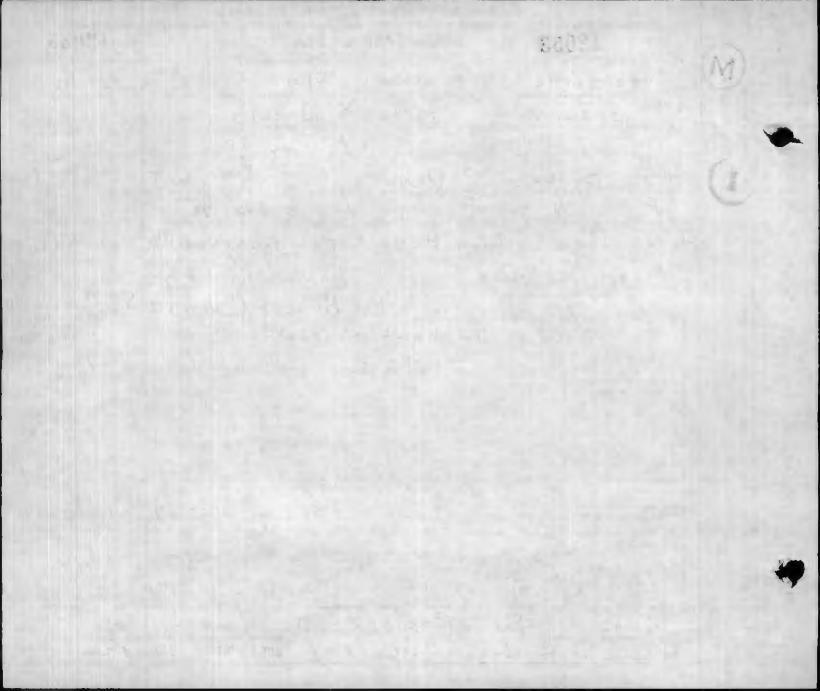
Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. To be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

in 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12053 CERTIFICATE OF DEATH

_			Section Control		
	LACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	sidence before admission)		
	COUNTY WORCESTER MARYLAND	a. STATE	OT CA		
i	CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and			
	writa RURAL and give necrest town)	Va			
	BERLIN 45YRS	DERLIN			
1	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
		GAY ST.	YES NO X		
	NAME OF First Middle	Last 4. DATE Month	Dey Yeer		
	Type or prior)	DEATH OCT	9 1961		
-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 Y			
	T A MANAGE A MANAGE A	lest birthdey) Months D	ays Hours Min.		
	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTI	JAN, 3 1883 76 yrs.	THE OF WHAT COUNTRY		
P	e during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?		
	GUSEWIFE UVUN HOME	LOWELL VILLE! D.	0,5,17		
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	HIRAM BURBACE	LAURA TOWELL			
		INFORMANT Address			
	noton unkown) (tryes give werer dates of service)	IR. AUBPER C DENNIS SR	GEDMANA		
	18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]	IK. HOBERY C' DRAVID -X	I INTERVAL RETWEEN		
	PART I DEATH WAS CALISED BY.		ONSET AND DEATH		
	IMMEDIATE CAUSE (a) CCRE 10 R 14	thenorphage	tinez.		
	422.1 DUE TO 1		1.1.		
	Conditions, if any, which ? (b) Circles of Eles ilie	Ceremo oces elelas chesease	4925.		
	gave rise to immediate cause		1		
I	to, stelling the underlying				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	I(e) 119, WAS AUTOPSY		
ı			PERFORMED?		
			YES NO		
	OR CONTRIBUTING [] CAUSE OF DEATH). (Enter neture of injury in Part I or Pert II of item 18.)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
l	to the state of th	ACE OF INJURY (Home, ferm, 20f. (City or town) (Count	(Stete)		
	Hour a.m. While Not While at work at work	tory, street, office bldg., etc.)			
	p.m. 17 — —	1450 10 - Oct 9 106	1 that (1) (1) In		
ı	21. I certify that (I) (this hospital) attended the deceased from 9.50, 19.5, to OCT, 9.5, that (I) (we) last saw the deceased aliye on OCT, 9.5, and that death occurred at 21.5 M, from the causes and on the date stated above.				
		t death occured at/2121.M, from the causes and on th	e date stated above		
	22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE		
	//1/2/2/anas	A.D. PHYS. DIRECTOR PHYS.	3/12/41		
	22c. PHYSICIAN'S	22d. ADDRESS	7 /		
	NAME (Type) M. XII hun AS	OCEAN GIY, MA			
-	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)		
	REMOVAL (Specify) ID 112 (1 CIDARIA	- BEM D	NID		
	DURIAL 110 12 61 DURANG	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE		
	FUNERAL DIRECTOR'S SIGNATURE				
	The It of the) In DATE OCT 16'61 Circling &. :	/ Usella		



ORCESTER

e. IS RESIDENCE

1961

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED? NO F

(Stata)

SIGNED

(Stata)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

ON A FARM? YES NO

7 C). 3

FOR STATE 'HEALTH DEPT.

el director. Page for our files. TO DEPUT EXEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 7 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 7.2 hours are

> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12011

1	PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Whara daceasad livad, if institution: Rasidance before admission)					
1	WORCESTER MARYLAND	O. STATE DELAWARE B. COUNTY KENT					
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)					
ł	RURAL POCOMOKE CITY 1 DAY	CAMPEN 46X-3					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS MESIDENCE					
4	TWIN TOWERS MOTEL - U.S. ROUTE 13	COMMERCE STREET YES NO X					
4	3. NAME OF First Middle	Last 4, DATE Month Day Year					
1	TREW WILLIAM JAMES	ENNIS DEATH OCTOBER 8 1961					
ı		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
ı	had a	last birthday) Months Days Hours Min.					
۱	MALE WHITE WIDOWED DIVORCED IL						
ı	dona during most of working life, even if retired)						
ı	MINISTER CLERGY	MARYLAND USA 14. MOTHER'S MAIDEN NAME					
ı							
ı	CHARLES E. ENNIS JR. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NAN M. BARNES					
ı	(Yes, no, or unkown) [(Ifyesgiva warordatasofservica)	NFORMANT COMMERCE ST.					
J	NO - NONE MI	RS NAN ENNIS, CAMDEN, DELAWARE					
ı	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I, DEATH WAS CAUSED BY:	INTERYAL BETWEEN ONSET AND DEATH,					
ı	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) #5 PH YXIM	11000 15 MIN					
	DUE TO						
1	Conditions, if any, which (b) HANGING						
1	gave rise to immadiate causa (a), stating the underlying DUE TO						
ı	cause last. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8) 19. WAS AUTOPSY PERFORMED?					
1		YES NO					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY (1) or CONTRIBUTING (2) CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)					
4	PRIMARY O or CONTRIBUTING CAUSE OF DEATH.						
ı	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stela)					
1	20c, TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m. p.m. 19 at work at work	ory, street, office bldg., atc.)					
ı	21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection . Inquiry . and in my opinion					
		ide N. Homicide . Undetermined manner					
ı	11/1/2	CHIEF MEDICAL EXAMINER					
1	ACTUAL AL DI STAMA	ASSISTANT MEDICAL EXAMINER DATE SIGNED					
1	SIGNATURE (CANONIC)	M.D. DEPUTY MEDICAL EXAMINER					
ı	NAME (Tare) Robert C. LaMar, M. D., 104 Bay	y Street, Snow Hill Md. 10-9-61					
	220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY	Addrass (Streat, City, fown, or county) 22d. LOCATION (City, fown, or country) (State)					
	DESPUTE	POCOMOKE CITY MARULAND					
	DURIAL 110-11-61 PRESBYTER	2 IAN POCOMOKE CITY MARYARAD					
1	The sold that I Docam No City	A BOT 1 0 101					
A	KUSHUJUANUN FOCOMORE CITY,	MD, DATE 13 61 Certhur S. Thomas					

12055 MUNICO CENTROLOS CATIONATOS OUATE THERE SHURLING - A TOWN OF THE THE PARTY OF THE P Tarmer Black and Control of Control of Street Street THE MARKET STREET STREET STREET ACC CHANGEM FORES SOCIETA 1957 - 15 A. M. J. Col. THE STREET With the same of t WITH THE PETS A MARKET TO A WALF BY THE BEAST TO - IT OF MARKET

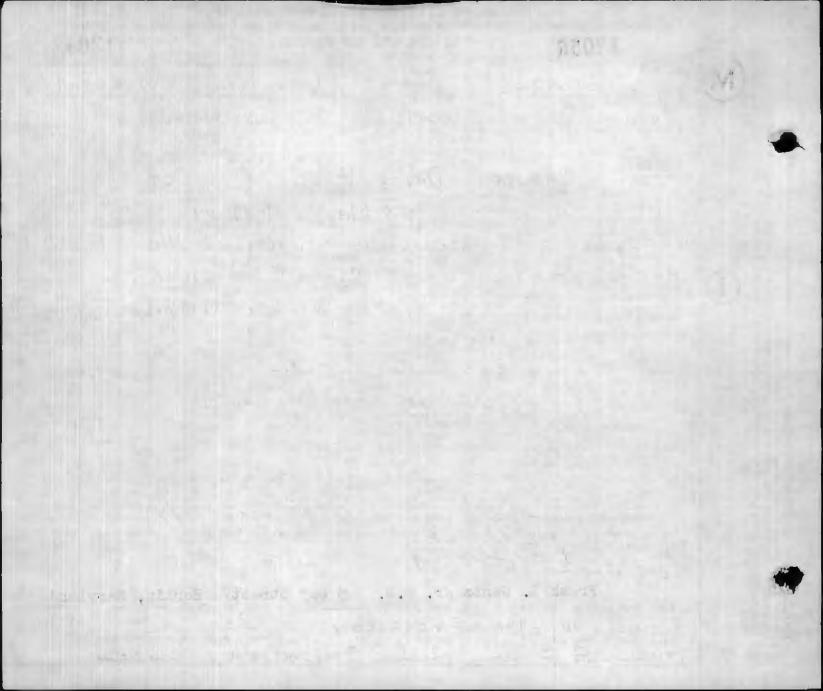
MARYLAND STATE DEPA DIVISION OF STATISTICAL RESEARCH AND RECORDS, 30 12056 CERTIFICATE

RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY MARYLAND URCEST b. CITY OR TOWN (if outside corporata limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) e. IS RESIDENCE ON A FARM? YES X NO T 3. NAME OF First 4. DATE Middle Month Dev DECEASED OF (Type or print) DEATH 19 9. AGE (In years | IF UNDER 1 YEAR) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED TI NEVER MARRIED last birthdey) Hours Months WIDOWED DIVORCED X 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CHIEFENGINEER ALEVVILL 13. FATHER'S NAME 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no, or unkown) | (If yes give were r detes of sarvice 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse DUF TO (a), steting the underlying ceuse lest. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO L 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) Month, Dev. Year factory, straat, offica bldg., etc.) While Not While Hour a.m. at work et work saw the deceased alive on 22b. DATE ATTENDING STAFF SIGNED PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) Frank Gantz Jr. M.D. Street 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) GREEN FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDRESS

Cirching S. Flrance

by the tand 2 s filled in the Pages 1 and I an completely carbon and physician 940 please attending been certificate this o After DIRECTOR: 3 should be del death. Par A director, page be filed with th OH L VR A15 (4) 15M 9/60



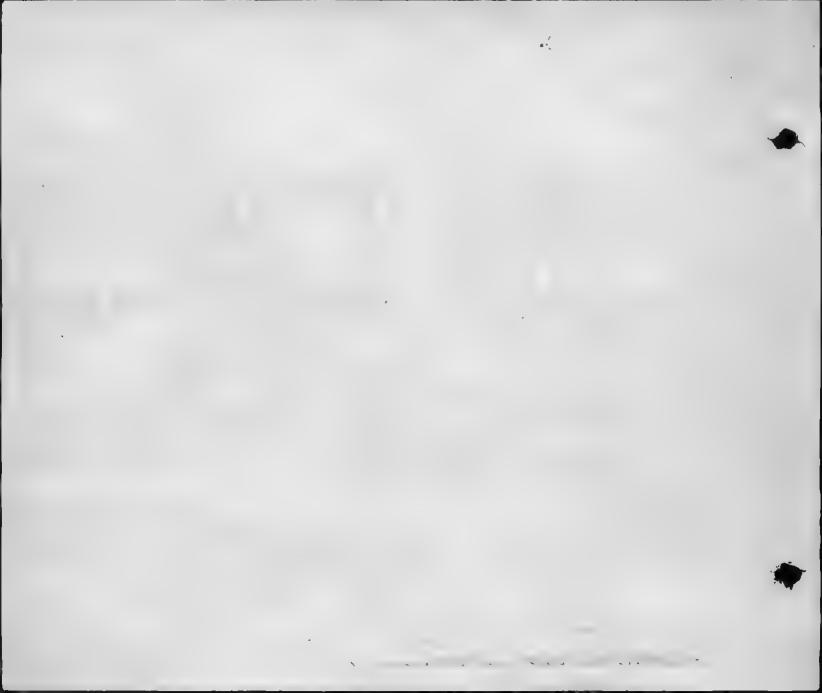
W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where decesed lived, if institution, e. COUNTY a. STATE b. COUNTY d the MARYLAND and b. CITY OR TOWN (I c. LENGTH OF STAY IN 16 OWN (If outside corporete limits, write RURAL and þ d. STREET ADDRESS IS RESIDENCE ION (if not in hespitel, give hours ON A FARM? YES NO completely papers. NAME OF Middle 4. DATE Month Day Yeer 72 DECEASED OF (Type or print) DEATH 19 c and con withi AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. OR RACE T, MARRIED Days Months Hours WIDOWED DIVORCED physician remove 106, KIND OF BUSINESS OR INDL 10a. USUAL OCCUPATION (Give kind of work dema during more of working life, avan if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER please E attending the attending physician. CAUSE OF DEA INTERVAL BETWEEN signed by ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUF TO Conditions, if any, which certificate has been gave rise to immediate cause **DUE TO** (a), stelling the underlying causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO US8 prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [7] for OR CONTRIBUTING CAUSE OF DEATH After this detached 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stele) factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work p.m. DIRECTOR 8 19, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.......19......, and that death occured at from the causes and on the date stated above. saw the deceased alive on... 226. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22c. PHYSICIAN 22d. ADDRESS NAME (Type) director, post filed w (Stata) BURIAL, CREMATION, 236. DATE THEREOF 234 NAME OF CEMETERA OR CREMATOR LOCATION (City_town or county 25a. REC'D 256 REGISTRAR'S SIGNATURE FENERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE OCT 15M 9/60 arthur S. Himeo

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2058.CERTIFICATE OF DEATH PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If Institution Residence before admission) . COUNTY e. STATE b. COUNTY MARYLAND b. CTY OR TOWN (if outside corporate limits, outside corporate Amits, write RURAL end give neerest town) E. LENGTH OF STAY IN 16 hours aff d. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, prostreet eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely papers. NAME OF Middle DATE Month Dev Yeer N DECEASED OF (Type or print) DEATH and cor OR RACE 7. MARRIED LINEVER MARRIED 5. SEX 6. COLOR AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Deys House WIDOWED DIVORCED physician 10b. KIND OF BUSINESS OR INDUS 12. CITIZEN OF WHAT COUNTRY? please affending 16 SOCIAL SECURITY NO ñ DEATH Enter only one cause per line for (e), (b), and (c) signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY Lours IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gove rise to immediate cause DUE TO (e), steting the underlying has couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19. WAS AUTOPSY certificate PERFORMED? NO 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH R: After this detached for of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: A 3 should be det et work et work p.m. DATE 22e. SIGNATURE 22Ь. ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 5 now filed BURIAL, CREMARION, | 236. DATE CEMETERY OR CREMATORY 23d. AOCATION [City, town or county] (Stete OH 256. REGISTRAR'S SIGNATURE MERAL DIRECTOR'S AGNATURE VR A15 (4) 15M 9/60 arthur & Frank

RYLAND STATE DEPARTMENT OF HEALTH

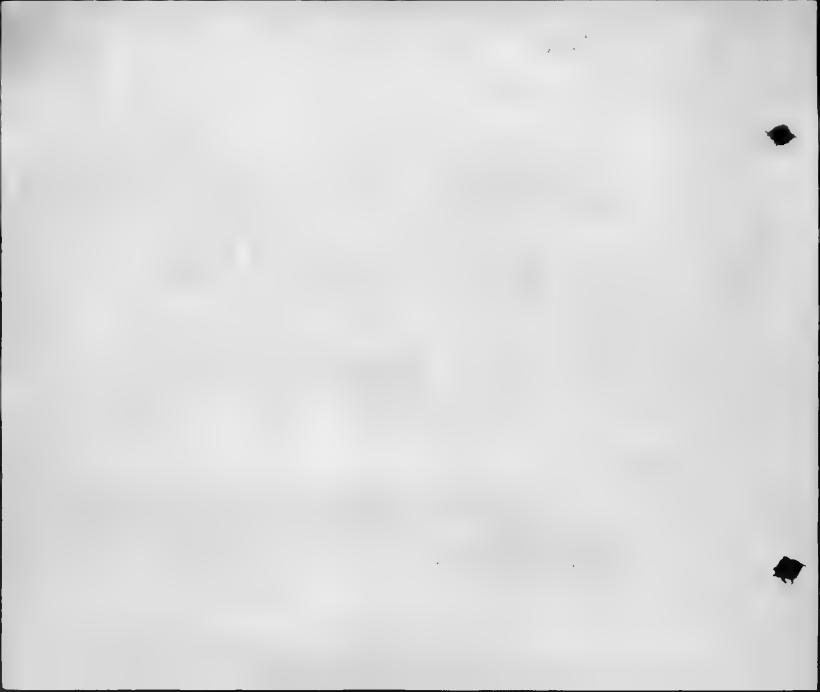


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, if institutions Assidance before admission) a. COUNTY b. COUNTY a. STATE MARYLAND 12 12 b. CITY/OR TOWN (if outs de corporate limits, was RURAL and five neglect town) (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STATEIN 16 c. CITY OR TOWN Š d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give greet address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? hours YES NO completely papers. 3. NAME OF 4. DATE Month 72 DECEASED OF (Typa or print) DEATH c 6. COLOR OR RACE 7. MARRIED THEVER PARRIED carbon 5. SEX AGE (In years | IF UNDER) YEAR IF UNDER 24 HRS. DAT and last birthday) Months Days Hours Min. WIDOWED physician OSUAL OCCUPATION (G ve kind of work during most of working even if refired) 106, KIND OF BUSINESS OR INDUSTRY or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MO please 5 attending and Then 15. WAS DECEASE D EVER IN U.S. ARMED LORCES I (If yes give war or datas of serv permit. 18. QAUSE OF DEATH (Enter only one cause per line for (a), (b), and þ ONSET AND DEA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Signed burial-transit **DUE TO** Conditions, if any, which (b) gave rise to Immadiate cause DUE TO (a), stating the underlying certificate has cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO prior 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Part II of item 18.) 2Da. ACC DENT WAS UNDERLYING [for OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) etached After ź, 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (County) (State) fectory, streat, office bldg., etc.) While. Not While Hour a.m. at work at work DIRECTOR: D.m .(9.1, 19, that (I) (we) last M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATUM ATTENDING SIGNED DIRECTOR PHYS. PHYS. Jeath. Pager. M.D. page 22d. ADDRESS 22c. PHYSICIAN NAME (Type) LOCATION (City lown or county) NAME OF CEMETERY OR OREMATORY (Stata) BUR AL, CREMATION, 236. DATE THEREOF ဝီဝ DIRECTORS SIGNAT 256. REGISTRAR'S SIGNATURE **VR A15 (4)** DATE OCT 2 certing S. Thomas 3 15M 9/60

-111 Jan. 11/21

TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12060funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where dagesed lived, If institution; Residence before edmission) e. COUNTY 후 MARYLAND CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest fown) d in by the b. CITY OR TOWN OF SUIS CO COROSTO ILL c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ERLIN ERUIN d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION of not in hospite, a ve street eddress; ON A FARM? YES NO completely 3. NAME OF Year DECEASED OF (Type or print) DEATH 19 6 1 carbon 5. SEX 19. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | and last birthdey) Months Days Hours WIDOWED physician 10e. USUAL OCCUPATION (Give kind of work , 10b. KIND OF BUSINESS OR NOUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊆ attending LITTLETON ARDS Then ! 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. oval, (Yes, no. or unknwn) ! (Ifvasquewarordates of service the 18. CAUSE OF DEATH [Enter only one cause ger line for (e), (b), end (c).] INTERVAL BETWEEN gned by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which has been geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 411 19. certificate PERFORMED? hospital NO T Drior 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Iem 18) 20a. ACCIDENT WAS UNDERLYING detached for OR CONTRIBUTING CAUSE OF DEATH After this (Stete) retained by 20d INJURY OCCURRED 20a. PLACE OF INJURY (Home, form 20f. (City or town) (County) 20c, TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work DIRECTOR: 5..... 19/2/... that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Quillet ... 1964. , and that death occurred at 122 M. from the causes and on the date stated above. should saw the deceased alive on. U.... 22b. DATE 22s. SIGNATURE ATTENDING SIGNED D DIRECTOR PHYS. (4) PHYS O FUNERAL 22d. ADDRESS ZZc. PHYSICIAN'S NAME (Type) director, be filed death. 1 23d. LOCATION (City, fown or county) 123c. NAME OF CEMETERY OF CREMATORY 23a. BURIAL, CREMATION, , 23b. DATE THEREOF REMOVAL (Specify) BURLAL VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

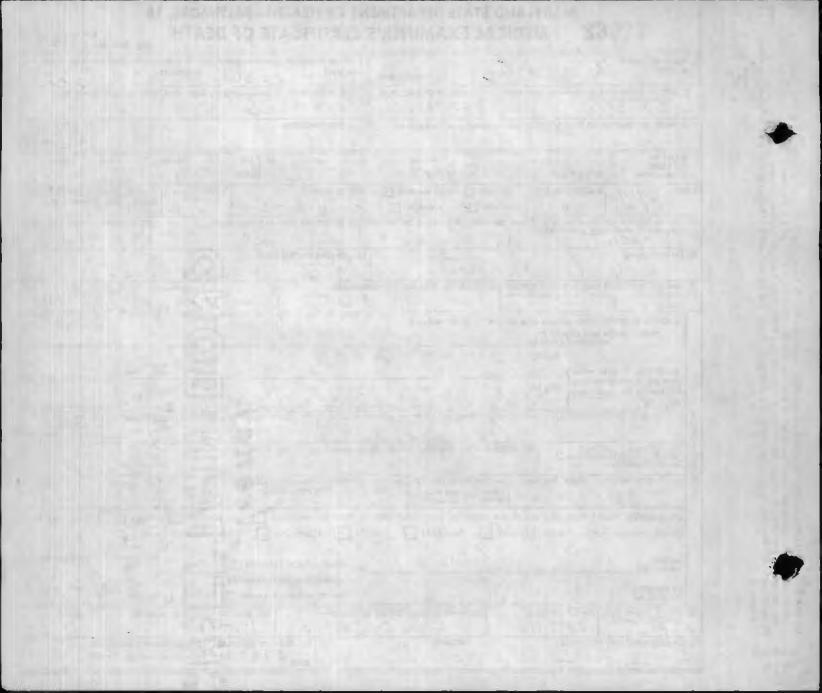


1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6 B &	<u>\(\)</u>	12061 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
uld t	(M)	Reg. Dist. No. 2 USUAL RESIDENCE Where deglessed lived. If institutions Residence before admissions
pled: 4 shd . crem		a. COUNTY WECASON MARYLAND G. STATE MICH b. COUNTY Weeples
age urial	1	by CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
10 b	X	d NAME OF HOSPITAL OR INSTITUTION (16-not-in-thospital), give street address) d. STREET ADDRESS (6. IS RESIDENCE
L ST	- '	ON A FARM? YES, NO D
eral dever fil		3. NAME OF DECEASED OF First Middle Lost 4. DATE OF Doy Year (1907) (Type or print) The DEATH DEATH
er gar		5. SEX
The state of the s		WIDOWED DIVORCED Charles In Indian Months Days Hours Min.
deal nd 3 l retoi		10g. USUAL OCCUPATION [Give kind of work done 200 KIND OF BUSINESS OR INDUSTRY] 11. BIRTHPLACE (State of Greign country) 12. CITIZEN OF WHAT COUNTRY?
ond be		13 FATHER'S NAME
a di di	T	Horver lowers our dece No Broth
Poge 19e 5	4	15. WAS DECEASED EVER IN O/S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 11. Address 12. Address 12. Address 13. Address 14. Addr
F P S		Il Wandred trance Varere
PM3		18. CAUSE OF DEATH [Enter only one cause for line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
Cuter in 12 Gran		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DZOTZAJAJ LESPENS
in the		Conditions, if any, which) the first
d be		gave rise to immediate cause
shavi		couse lost. 10 Manuellestyles
office Las	6	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
endir r's O		E 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INTERF OF CURRED. (Enter nature of trijury in Port II of them 18.)
SE TO THE PORT OF		PRIMARY I or CONTRIBUTING I
ward ward Exo shoul	1	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lawn) (County) (State)
dica dica	- of	2. m. 19 at work at of work at
iting f Me		21. I certify that I took charge af the remains described above, held an Autopsy [], Inspection [], Inquiry () and find that
Chie		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
DIREC		ACTUAL SIGNATURE DATE SIGNED
A Sec	ġ	EXAMINER'S 11 1- ASSISTANT MEDICAL EXAMINER 10/27/61
A the Standard	E .	NAME (Type) / CONTROL OF THE PUTY MEDICAL EXAMINER
5 of	5	[220-BURIAL CREMATION, 226. DATE THEREOF 22c. DAME OF CEMETERY OR CHEMATORY 22d. LOCATION (City-toly) or country (Stote)
VS. A15ME(5	1 10 10	23. BONERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
5M 9/55		Lelly & Suns Snow Mell Ma DAMET 25 161



ig R		12002 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
please 4 shaule	M	e. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY W. Brestor
Page Page	<i>.</i>	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) GROWN (If outside corporate limits, write RURAL and give nearest town) GROWN (If outside corporate limits, write RURAL and give nearest town)
dir is ne	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\subseteq \) NO \(\subseteq \)
uneral c yaur fi egistrar		3. NAME OF DECEASED (Type or print) James Office Office (Type or print) James Office (Type or print) Death / DEATH / DEATH / DEATH
th. If of the far ined far ith the r		6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DAYE OF BIRTH P. AGE III years IFUNDER 1YEAR IF UNDER 24 HRS International year IFUNDER 24 HRS International year International y
and 3 be retained 2 wind 3 win		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTYPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during plot of yorking life; even if retired)
bes 1, 2, 5 may	(T)	13. FATHER'S MADE Oley white Setty Jean Denniso
thin 24 sive Page 1. Page File p		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Jean Dear Parties of services 16. SOCIAL SECURITY NO. 17. INFORMANT Jean Dear Parties Jean Jean Jean Jean Jean Jean Jean Jean
n 18. Crim PM3		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
be exect in the with for with for the literansit	1	Conditions, if any, which) (b)
shauld n penci		gove rise to immediate couse (a), stating the underlying couse last. (c) Reglected treatment of Cold.
ding" s Office	id	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
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the wad dical Eye 3 sho		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not while of work of
L EXAL writing hief Me OR: Pog		21. I certify that I taok charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
DIRECT	1	ACTUAL SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE
ore the contract of privated the FUNERAL removal.		EXAMINER'S ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
cute farw TO FUI		220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY-OF CREMATORY 22d. LOCATION (City, lawn, or county) (STOTE) BURIAL (Specify) 10/28/61 LINE CEM. PITTS VILLE MD
VS. A15ME(S) 5M 9/55	200	13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE OF 3 0 31 ALLINE COLORS SIGNATURE OLIVINA S. KLAMB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12063PLACE OF DEA 2. USUAL RESIDENCE (When decessed lived, If institution Residence before admission) a. COUNTY b. COUNTY the MARYLAND c. LENGTH OF STAY IN 1h vide corporate limits, c. CITY OR TOWN If ouride corporate limits, write RURAL and give necrest town þ ile e HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO F completely NAME OF Middle 4. DATE Month Day DECEASED OF (Typa or print) DEATH 19 MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and Months DIVORCED physician гетоуе BUSINESS OR IND eiga country 12. CITIZEN OF WHAT COUNTRY? done during of walking life, even if retired) 13. FATHER please attending 15. WAS DECEASED EVER IN U.S. ARMED PORCES? CIAL SECURITY NO CAUSE OF DEATH [Enter only one couse per li has been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO attending Conditions, if any, which (b) geve risa to immediate causa DUE TO (e), stating the underlying Azteriosclerosis cause lest. ò PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17. certificate WAS AUTOPSY PERFORMED? NO use 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) jo OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, Month, Dey, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. at work et work p. m. DIRECTOR: 5 19.60, to Oct 16, 19.60, that (1) (we) last should 22a. SIGNATURE 226. DATE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS. M.D. 10 FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S SNOW NAME (Type) ector, | GEMETERY OR CREMATORY BUDIAL, CREMATION, 236. 23d, AOCATION (Cin (State) P. p g 25e, REC'D SY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE 9 '61

RYLAND STATE DEPARTMENT OF HEALTH

